Concussion Services

Operational Guidelines

March 2025

These operational guidelines should be read in conjunction with the:

Standard Terms and Conditions document; and

Concussion Services Service Schedules(‘your contract’).

The services you provide must comply with your contract. Where there are any inconsistencies between the operational guidelines and the Service Schedule, the Service Schedule will take precedence.

This is a living document and will be updated as needed - the latest version will be available on the ACC website at www.acc.co.nz.

ACC will consult with Suppliers if substantial changes to this document are proposed.

Contents

1. Introduction to Concussion Services

Concussion is the most common type of Traumatic Brain Injury (TBI) and refers to mild to moderate TBIs (MTBI). MTBI is a technical term used more commonly in general medical contexts. However, the term 'concussion' is still commonly used in sports medicine and is used here to describe this service.

Concussion is frequently defined as a head injury with brief loss of brain function and can also cause physical, cognitive, and emotional symptoms. There does not have to be an observed loss of consciousness.

The Concussion Service is based on rehabilitation best practice and recognises the bio-psycho-social model. The service works holistically and is flexible to best meet the rehabilitation needs of the Client while recognising the legal responsibilities of ACC and the Supplier.

The Concussion Service (CS) is an interdisciplinary service consisting of triage, assessments and therapy to support Clients to recover from a mild to moderate traumatic brain injury and return to everyday life. The Concussion Service also aims to prevent long-term consequences by identifying Clients at risk of persisting symptoms and providing them with effective interventions and education. Education is also provided to Clients to reduce the incidence of re-injury.

2. Purpose

The purpose of the service is to:

- Support Clients' recovery and prompt return to their everyday life, including work or school;
- Reduce the incidence of long-term consequences, such as persisting concussion symptoms, by identifying Clients likely to develop long term consequences and provide them with education and effective interventions
- Reduce the incidence of further brain injury by providing Clients with education about traumatic brain injury
- The service includes assessments and treatments to help Clients achieve long-term recovery so that they no longer require services under this contract.

3. Philosophy

The Concussion Service has three core philosophies.

3.1. Individual needs

Each person who sustains a brain injury responds differently, therefore their assessment and rehabilitation needs can vary. ACC and Suppliers will adapt services to ensure the services are tailored to meet the needs of the individual Client.

3.2. Interdisciplinary team

The Concussion Service is provided by an interdisciplinary team specialising in treating Clients with mild to moderate traumatic brain injuries. The full interdisciplinary team participates throughout with the key worker/co-ordinator ensuring that services are co-ordinated. Regular group meetings are held to discuss the Client's rehabilitation progress and to identify the Client's on-going rehabilitation needs.

3.3. Relationships

ACC and Suppliers work together to support the Client's rehabilitation. This is achieved by maintaining close working ties through good communication, respecting each other's areas of expertise, and fully engaging the Clients and their family/whānau in the recovery process. Strong working relationships are also maintained with community service providers and other health professionals to ensure the Client is supported to achieve independence.

4. Service objectives

ACC will measure the success of this service based on the following objectives:

- Clients are returned to their usual activities of everyday life, including work or school, and no longer require any continued support from the Concussion Service for their brain injury
- Clients who are likely to develop long term consequences of their brain injury are identified early and provided with effective interventions and education about traumatic brain injury
- Clients receive education to help prevent the incidence of successive brain injuries
- Clients report overall satisfaction with the services provided
- Services are provided in the shortest timeframe and at the lowest cost while maintaining clinical appropriateness.

5. Useful contact numbers

Who to contact	Phone	Email
ACC Supplier Helpline	0800 222 070	providerhelp@acc.co.nz
ACC Client/Patient Helpline	0800 101 996	
Supplier Registration	(04) 560 5211	registrations@acc.co.nz
ACC eBusiness	0800 222 994 Option 1	ebusinessinfo@acc.co.nz
Health Procurement If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team.	0800 400 503	health.procurement@acc.co.nz
Engagement and Performance Managers	Engagement and Performance Managers can help you to provide the services outlined in your contract. Contact the Supplier Helpline or click on the link provided here for details of the EPMs in your region. Contact our Provider Relationship team	
ACC Concussion Service Portfolio Advisor	Contact the Supplier Helpline for details of the Portfolio Advisor	

Please report all health, safety and security risks or incidents in writing using the procedure on our website.

Concussion Service Forms

All Concussion Service forms are available on the https://www.acc.co.nz page by entering the form number using the search function.

- ACC883 Concussion Service referral
- ACC7988 Concussion Service direct referral
- ACC7412 Concussion Service child or adolescent referral
- ACC884 Concussion Service Client Summary Form
- ACC885 Concussion Services Did Not Attend report

6. Communication protocols

6.1. Relationship expectations

The rehabilitation partnership between the Supplier and the Recovery Team Member is one of the most important tools for ensuring the recovery of the Client. Having the Supplier and

Recovery Team Member working and communicating collaboratively will help with the Client's rehabilitation.

There is an expectation that:

- Suppliers and ACC Recovery Team Members will work together to assist in the Client's rehabilitation
- Both parties will respect each other's area of expertise
- Suppliers are experts in the rehabilitation of brain-injured Clients and are responsible for achieving the service outcome for the Client within the context of the Service (as defined in the service specification)
- ACC Recovery Team Members are expert at managing the complex mix of rehabilitation, entitlements, and compliance relating to claims
- ACC is responsible for funding rehabilitation services as necessary and appropriate.

The Supplier will nominate a key worker/coordinator to have contact with ACC. The key worker/coordinator will:

- Keep ACC informed of any issues regarding the provision of assessments or treatment
- Raise any issues with the service and suggest solutions
- Ensure all services are carried out in accordance with the service schedule and this operational guideline.
- Represent the Supplier in service performance discussions
- Inform ACC promptly when any contact details change.

6.2. Communicating instead of reporting

Formal written clinical reports are not purchased in this service. The assessments determine the Client's requirements for the Concussion Service and are not intended to determine cover or entitlement, although they may be used to confirm diagnosis. Instead, Suppliers are asked to convey to the ACC Recovery Team Member information that supports appropriate fact-based decision-making. Suppliers may choose to provide further information at their own discretion.

A summary of the neuropsychological assessment screen report must be shared with the Interdisciplinary Team and submitted to ACC. This report is expected to be brief and forms part of the five hours allocated for the Neuropsychological Screen.

Where a diagnosis is very complex and a separate report is required, ACC may choose to purchase this separately. This does not form part of the CS spend. This will be purchased at the standard hourly rate under the service item code MEDR.

The reporting structure in the Concussion Service highlights the importance of effective communication between ACC Recovery Team Members and the Supplier. Phone calls and

emails should cover the following topics:

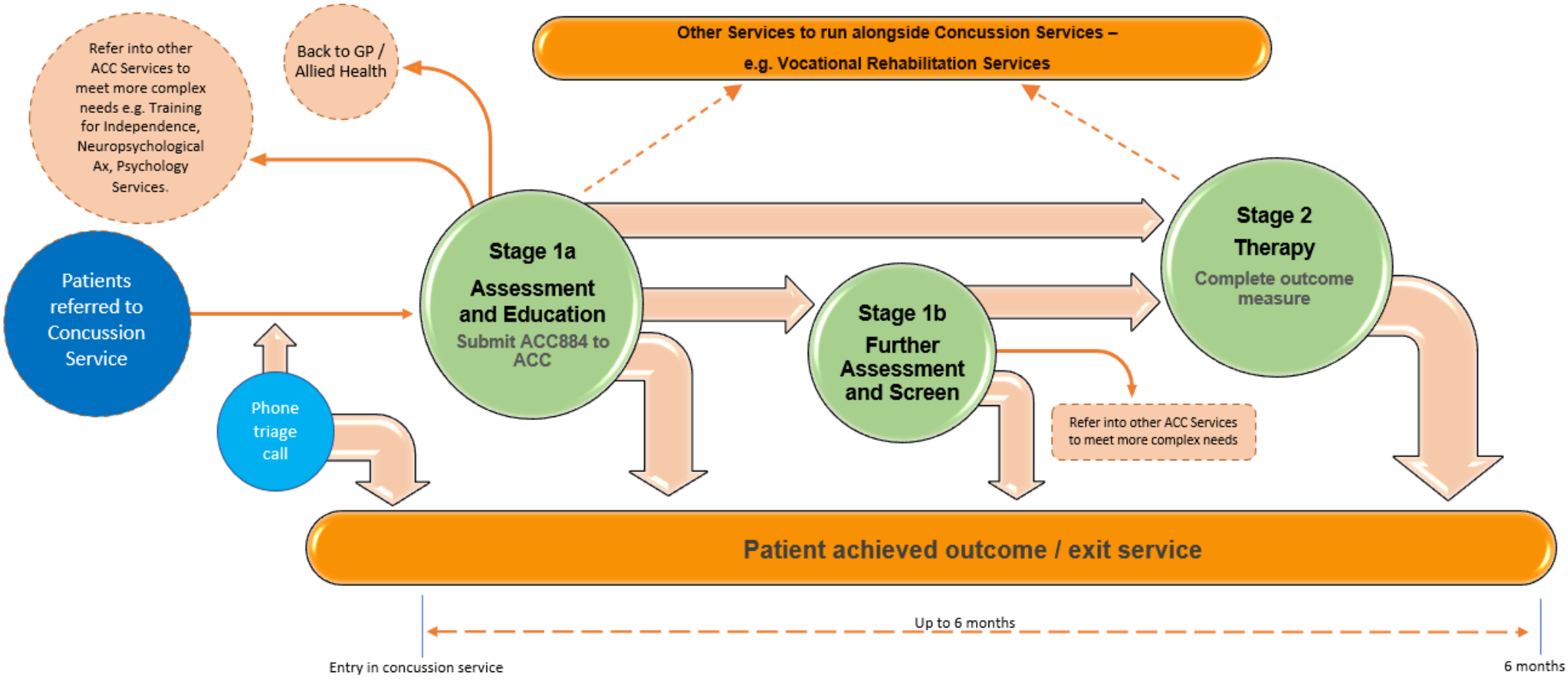
- The Client's progress
- The potential recovery timeframe and plan
- The impact of other issues on the Client
- Any recommendations or needs the Supplier may have

7. Service End to End Process

The key to the Concussion Service is the flexibility to adapt to the needs of the Client while remaining efficient and effective.

The referral, assessment, triage and therapy sections shown in the process map are not rigid or inflexible. The discussion and agreement between the Supplier and ACC determines the appropriate route for the Client.

Process Map 1 showing the client's pathway through the Concussion Service:



7.1. Service Item Codes

The Concussion Service enables the Supplier to, as soon as possible:

- Identify the Client's needs, and
- Develop a rehabilitation programme that will deliver as rapid and full a recovery as possible.

Treatments do not need to be sequential. Instead Suppliers can choose to give treatment therapies when it best meets the needs of the Client.

The rehabilitation time for each Client will vary and only a small percentage of Clients are likely to need all the service items shown. Many will require just the investigation and planning, whereas others may need a combination of services.

Table 1 – Use of service item codes for the different activities in the service.

Service	Activity Group	Service Item Codes
Investigate & triage	Phone Triage – phone call to determine if a client requires a concussion service based on current needs and presentation	TBI05 – Phone Triage (only payable if the client doesn't progress into the concussion service assessment)
Investigate & triage	Education, risk assessment	TBI21– Education, assessment of risks to recovery TBI13 – Neuropsychologist case review TBI14 – Medical Specialist case review
Investigate & triage	Clinical Assessments	TBI22 – Allied health Client assessment TBI23 - Neuropsychologist Client assessment TBI30 – Medical Specialist TBI25 – Other clinical assessment
Rehabilitation	Therapy	TBI26 – Allied health therapy TBI27 – Psychologist consultation TBI28 – Medical Specialist consultation
Administration	Triage, Assessment and Therapy	TBI29 – Key worker/coordinator

8. Client eligibility

To be referred to the Concussion Service, the Client must meet **all** the following criteria:

Table 2 - Client eligibility criteria

Client must…	and	and
• Have sustained a TBI (or suspected TBI) • Have an accepted ACC claim, and • be diagnosed with or be suspected of having a mild TBI, moderate TBI or persisting concussion symptoms	Has at least one of the following on-going signs and symptoms such as: • mood changes • memory problems • fatigue • difficulty concentrating • loss of balance • headaches • visual disturbances • nausea • muscular aches • dizziness	Have at least one of the additional risk factors such as: • the inability to work or attend school for more than one week • second or subsequent mTBI within six months • post traumatic amnesia lasting more than 12 hours • a requirement to operate machinery at work, or drive • a pre-existing psychiatric disorder or substance abuse problem • a high functioning job such as engineer, medical practitioner or lawyer • currently attending secondary or tertiary education

8.1. Clinical diagnosis - severity of injury

Clients diagnosed with a mild or moderate traumatic brain injury (TBI) are suitable for the Concussion Service. Clients with a moderate TBI with complex needs who remain in the Concussion Service may experience multiple assessments which may not be helpful to their recovery and may cause delays in treatment. Some assessments should not be repeated within a 12-month period. These Clients may be more appropriately referred to other services e.g.:

- Clinical Services
- Neuropsychology Service
- Training for Independence

Table 3 - Severity of the TBI at the acute stage

Severity of injury	Glasgow Coma Scale (GCS)	Duration of Post-Traumatic Amnesia (PTA)
Mild	13-15	less than 24 hours
Moderate	9-12	1-6 days
Severe	3-8	7 days or more

Note:
If the GCS and PTA do not correlate, the Client will be assigned to the greater of the two severity categories.

Example: A Client had a GCS score of 14 and a PTA of 2 days. Based on the more severe indicator (PTA of 2 days) the Client is considered to have a moderate TBI.

If notification of a TBI has been delayed but is less than 12 months after the injury, the Recovery Team Member will check the GCS and PTA where provided, and any other information such as clinical notes, to review the concussion symptoms and decide if it is appropriate for the Client to access the Concussion Service. ACC may refer a Client to the Concussion Service to have the diagnosis investigated by the Medical Specialist.

9. Service Delivery

9.1. Referral

The referrer must only refer Clients who meet the eligibility criteria. The Supplier should decline any referral that does not meet the eligibility criteria.

Who can refer?

The Whatu Ora (Health NZ) district hospitals A Medical Practitioner or an Allied Health professional acting on behalf of a medical professional:	• Can refer a Client to the service by sending the completed ACC7988 form directly to the Concussion Services Supplier. A list of Suppliers can be found on the ACC website. A qualified medical professional must have noted in the Client's clinical notes either a confirmed diagnosis or a direction to refer to the service. An Allied Health professional may complete the administrative part of the referral and lodge the claim. However, a Medical Professional must have either diagnosed concussion, or made a recommendation that the client is referred to the concussion clinic and documented a medical note which provides evidence that the client was seen by a Medical professional before being referred to the concussion clinic.
In the community	• Can refer a Client by sending the completed ACC883 or letter of referral with clinical notes directly to a Concussion Service Supplier.

A GP or Nurse Practitioner Accident & Medical (A&M) Centre:	• A Medical Professional or Nurse Practitioner must have either diagnosed concussion, or made a recommendation that the client is referred to the concussion clinic and documented a medical note which provides evidence that the client was seen by a Medical professional before being referred to the concussion clinic.
ACC A Recovery Team Member:	• Can refer a Client to the Concussion Service if they consider that the Client may have sustained a TBI. The Recovery Team Member also completes the ACC883 form to ensure the Supplier receives consistent information and provide any other information relevant. If there has been no diagnosis of TBI by a medical professional, the Recovery Team Member will request a medical assessment to confirm the diagnosis.

The referral form

The referrer should use the ACC883 Concussion Service Referral form which is located on the ACC website and send directly to a Concussion Service Supplier. The ACC883 is an acceptable notification of a concussion diagnosis where the form is signed by a medical practitioner.

Letters of referral

Some referrers use other formats such as a letter of referral. ACC considers them to have insufficient detail, unless they are accompanied by clinical notes outlining presenting symptoms, pre-injury health status and any other potential rehabilitation impact.

ACC does not consider a letter of referral sufficient to update the diagnosis on the ACC45.

Who can't refer?

Other clinical professionals, such as a physiotherapist in the community, can't refer a Client to the Concussion Service. They may, however, refer a Client to a Medical Practitioner or Nurse Practitioner for a medical assessment, after which the Client may be referred to the Concussion Service. A Client can't self-refer.

Accept or decline

If the referral meets the criteria ACC will notify the Client directly and send the ACC883 referral form to the Supplier to start the service. If the claim does not meet the criteria and is declined ACC will notify the referrer and the Client. The Supplier will be notified if the referral came via the Supplier.

9.2. No purchase order is required for the Assessment and Triage Services

No purchase order is required for any direct referral received, provided the client meets the entry criteria for the service and has an accepted claim. (Please note that a referral generated by ACC will continue to be accompanied by a purchase order).

Table 4 – Service Item Codes for Assessment and Triage Services:

Service Item Codes	Quantity/Time	Comment
TBI21 Education and Assessment	3 hours	Supplier invoices for actual time.
TBI29 Key worker/coordinator	2 hours	Supplier invoices for actual time.
TBI13 Case Review by Neuropsychologist	1 fee only	Single fee
TBI14 Case Review by Medical Specialist	1 fee only	Single fee
TBI22 Allied Health Assessment	2 hours	Supplier invoices for actual time.
TBI23 Neuropsychological Screen	5 hours	Supplier invoices for actual time.
TBI30 Medical Assessment	1 fee only	Single fee

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The Supplier will submit the ACC884 Client Summary once all the assessments are complete and will make recommendations on the way forward. Prior to this the Supplier will keep the Recovery Team Member updated on the Client's progress.

9.3. Investigation of clinical and psycho-social background of client

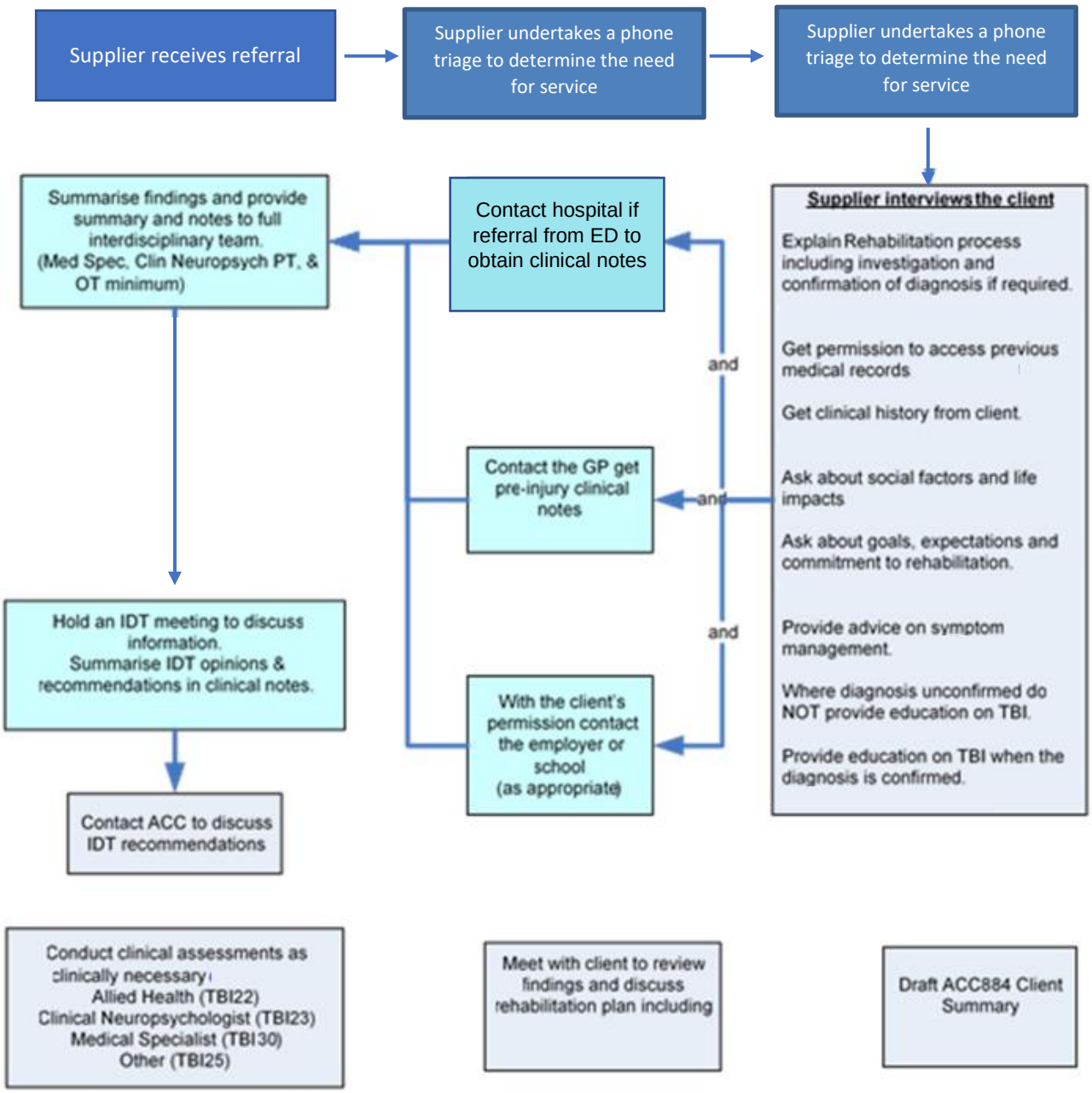
The service items TBI21 is designed to allow the Supplier to investigate both clinical and the psycho-social background of the Client. The following process map shows the comprehensive investigation required. The Supplier will only complete the assessments which are clinically necessary.

Service item TBI05 is a phone call from a Service Provider to a client to determine if a client requires the concussion service. It is payable if a client doesn't progress into the concussion service assessment.

9.4. Investigation and Triage

While the Supplier may co-ordinate their interdisciplinary team in their own way ACC expects that all the components of the following process map to be present.

Process map 2 – Stage 1 Assessment, education, and screen pathway



9.5. Gathering of Clinical Notes

Where the diagnosis is uncertain and/or the TBI unconfirmed the Supplier should obtain up to five years of clinical history from the Client's GP. This is to build a full medical history. This medical information is made available to the medical specialist to conduct a differential diagnosis and to other providers within the IDT only when clinical necessary.

The Supplier should notify the Client and seek their permission to obtain the clinical notes. If the Client refuses, then the Supplier should suspend further services and refer the Client to

the Recovery Team Member.

The information collected should include:

- **GP clinical notes** covering all presentations including previous brain injuries and health issues (up to five years if relevant). Specifically, pre-injury health issues such as depression, mental illness etc. This information can be provided to the specialists and will help in their diagnosis.
- **DHB clinical notes** if the Client was diagnosed and treated at any DHB service
- **Work or education information** to help assess the cognitive demands that have been and could be on the Client throughout the recovery
- **Family composition and responsibilities** to help assess any stressors that may hinder recovery and help identify where ACC may need to provide supports
- **Social background** to identify any underlying social issues that may hinder recovery
- **Any other relevant records** (eg mental health). This is particularly necessary where a differential diagnosis is required and the Client has clinical complexity, persisting concussion symptoms and/or atypical presentation.

The Supplier is responsible for ensuring the Client's personal information is gathered and stored in a way that meets the relevant privacy legislation. Once the service is complete the Client's medical information should be securely destroyed. The clinical information not relating to the concussion or other brain injures should not be made available to ACC.

The Supplier may arrange for the payment of any fees in relation to obtaining clinical notes directly with the holder of the clinical records. Alternatively, the Supplier may request the Recovery Team Member to arrange for the collection of clinical notes.

9.6. Case Reviews

It is important that the Supplier collects all information about the Client that may be relevant to their rehabilitation and recovery. The review of clinical notes by the medical specialist (TBI14) and the Neuropsychologist (TBI13) will identify any indication that the Client **does not need** the clinical assessments the Client was referred for. The specialists do not need to attend an actual meeting where this would be inefficient but ACC encourages face to face IDT meetings as they are considered best practice.

If the case reviews agree with the referral, then assessments by the medical specialist (TBI30) and/or the Neuropsychologist (TBI23) should be arranged when appropriate (but within the Concussion Service 6 month timeframe).

9.7. Diagnosis

Only a Medical Practitioner or a Nurse Practitioner can make a diagnosis of concussion. This is because only a Medical Professional (GP etc) can rule out (or confirm) the presence of any other medical conditions which may be contributing to the Client's symptoms.

A referral may be sent to a Supplier with the clinical diagnosis accepted or still in question.

Where the diagnosis is accepted, the Supplier can progress immediately to investigation, assessment and therapy. If the diagnosis is still in question, the Supplier may be requested to confirm the diagnosis using a comprehensive clinical investigation including a differential diagnosis. The investigation may also include all disciplines such as a musculoskeletal physiotherapist for neck and shoulder injuries.

The medical assessment should take a neutral point of view until the appropriate tests and investigations have been taken to rule out other causes for the presenting signs and symptoms. Once the TBI diagnosis is confirmed, the impact of the TBI should be assessed and advice provided on appropriate therapy and prognosis.

Where the Client's diagnosis is not confirmed, the Supplier should ensure the Client understands that the diagnosis is being investigated and that they may or may not have a TBI. This is to minimise the likelihood of the Client becoming invested in the TBI diagnosis when, in fact, it maybe another injury such as neck strain. Interim advice on managing pain and other systems can be provided as required without the diagnosis (See Providing Education).

The Supplier is responsible for ensuring they have a confirmed diagnosis before therapy services are provided.

9.8. Providing Education (TBI21)

The education given to the Client and their family/whānau should be clear and use plain language. If a diagnosis was not confirmed, the Supplier will limit the education content to dealing with the symptoms. This is to guard against Client's becoming invested in a TBI diagnosis. Once the diagnosis is confirmed as a mild or moderate TBI, education on TBI can be provided.

Table 5 – Education must cover, but not be limited to, the following items:

Item	Content details
Symptoms	• Describe the symptoms • Describe the recovery journey • Describe the treatments that will target the individual symptoms • Cover lifestyle responses and dealing with stress
Rehabilitation process	• Rehabilitation response • How it's different for everyone • Self-management • Help from family/whānau and friends

Item	Content details
	• Supplier support via an interdisciplinary team • Getting back to normal functioning – having realistic expectations • Returning to work if appropriate
Brain injury	• Structure of the brain • Mechanism of injury • Acute response • Prevention of subsequent TBIs
Other support (where appropriate)	• Other ACC services available • Working with the Recovery Team Member • Working with the employer • Other support available in the community

The Supplier should explain the partnership between the Supplier and ACC in the Client's rehabilitation.

The Supplier may choose to provide education on concussion and brain injury to Clients in a group session. The time will be spread across all attending Clients (as per the Provider Handbook).

9.9. Triage

The Concussion Service has a strong triage focus. The full interdisciplinary team will determine the suitability of the Concussion Service for the Client using all available information.

Table 6 – Triage activity

If the Client…	the Supplier should
Has recovered and no longer needs the CS	Send the ACC884 to the ACC as soon as identified and recommend the Client exits CS
Has needs that can be met within the resources of CS, either by itself or in conjunction with other services	Continue CS delivery
Has needs that are greater than can be provided in the CS	Send the ACC884 to ACC as soon as identified and recommend the Client exits CS and that ACC make appropriate referrals to other services

9.10. Assessment of Therapy Needs

The Client's therapy and support needs should be assessed throughout the rehabilitation. All clinical assessments will be completed by professionals operating within their scope of practice and within the interdisciplinary team.

9.11. Planning Rehabilitation

Where the Client is progressing into therapy, the Supplier's interdisciplinary team will develop a rehabilitation plan that describes Client's goals expressed as SMART goals (specific, measurable, achievable, realistic and time framed) and outline the therapy required to meet those goals.

The Supplier should either provide a copy of the rehabilitation plan to ACC or summarise the plan in the ACC884 Concussion Service Client Summary. The ACC Recovery Team Member and the Supplier will finalise and agree service composition and timeliness. The plan may be amended as additional information becomes available.

9.12. Use of time – Number of hours required

The Supplier will outline a treatment plan on the ACC884. The plan will be based on current best practice and will recommend the types of services and number of hours required up to a maximum of 8 hours. The Supplier can determine how that time is to be used.

Service Timeframes

Table 7 - Timeframes and responsibilities for delivering the service

Service Activity	Responsibility	Timeframe
Service Duration	Supplier	Six months from date of acceptance of referral or as agreed with ACC.
Commencement of Services to Client	Supplier	Within 5 business days of acceptance of referral
Submission of Client Summary form – client does not require further services	Supplier will submit to ACC	Within five business days of completion of the agreed services and/or Service Exit.
Submission of Client Summary form – client requires further services	Supplier will submit to ACC	Within two business days of the need for further services being identified.
Education and Risk Assessment and Case Review by a Neuropsychologist and Medical Specialist	Supplier	Within 10 business days of the acceptance of the referral

Service Activity	Responsibility	Timeframe
On receipt of a Client Summary form recommending other services.	ACC will notify the Supplier	Within two business days of receipt of the Client Summary requesting further services.
Request for Clinical Notes	Supplier will provide to ACC	Within five business days of the request being received.
Where the Client does not attend and does not notify the Provider.	Supplier will provide a Did Not Attend Report form.	As soon as possible, but within three business days of the missed appointment.

9.13. Therapy

The Client's rehabilitation needs and achievements will be continually assessed to ensure the service is tailored to the Client. Therapy services will be provided to achieve specific outcomes and no unnecessary therapy will be provided. If a Client needs more services than those available in the Concussion Service, the Supplier will notify ACC immediately with recommendations.

9.14. Key worker/coordinator

The key worker/coordinator is a significant contributor to the success of the service and is important to the achievement of Client goals. The Supplier will nominate a suitably experienced team member to be the key worker/coordinator for each Client. This role includes:

- Holding, on behalf of the Supplier and the interdisciplinary team, overall responsibility for the Client's outcomes
- Coordinating providers within the service to ensure the greatest efficacy and efficiency of the Client's goals and outcomes
- Ensuring the clinical notes are kept up to date and are of a high standard
- Informing ACC if there are any issues with providing the service
- Ensuring reports are provided on time and accurately reflect the service provided
- Maintaining links with community groups and other organisations working with the Client
- Coordinating and liaising with ACC and non-ACC services to ensure the Client receives smooth, supported transitions and integrated services
- Maintaining an ongoing relationship with the Client's ACC Recovery Team Member to ensure high quality service and outcomes are achieved.

The key worker/coordinator is most effective in their relationship with the Client when they:

- Maintain a supportive, open relationship

- Are committed to working within the bio-psycho-social model
- Approach the relationship in a holistic, Client and family-centred way
- Are proactive in their contact with the Client, family and whānau
- Work with families' strengths and ways of coping.
- Are responsive to the Client's cultural needs
- Work across agencies

9.15. Interdisciplinary Teams

The Supplier must have an interdisciplinary team (IDT) fully qualified in their profession with a minimum of two (full time) years' experience in acquired or traumatic brain injury who meet the criteria listed in the Service Schedule. The IDT is coordinated by the key worker/coordinator throughout the service to ensure that members of the IDT are engaged as appropriate and participate in the rehabilitation planning.

The IDT will meet on a regular and scheduled basis to discuss the Client's assessment and treatment rehabilitation needs. Notes of the IDT meeting/s will be taken by the key worker/coordinator who will summarise the individual clinical opinions. Notes from the IDT meetings will be kept in the Client's clinical notes and will be available to ACC if requested.

The Supplier's interdisciplinary team **must** include:

- Medical Specialist
- Neuropsychologist
- Occupational Therapist
- Physiotherapist

The Supplier's may also consult the following medical health professionals to support the interdisciplinary team:

- Psychologists
- Registered nurses, preferably with a rehabilitation speciality
- General Practitioners
- Speech Language Therapists
- Social Workers
- Optometrists

9.16. Specialist paediatric rehabilitation

Paediatric Definition - People aged 0-16 years, or still at school. Clinicians should take the Child or Young Person's developmental stage into account when determining if the CYP is most suitably treated as a Child or as an Adult.

Where the Supplier intends to provide specialist paediatric rehabilitation all service Suppliers must have at least two years' experience providing brain injury therapy services to this age group. On application, or any time thereafter, the Supplier should notify ACC of their ability to provide paediatric services to ensure ACC can refer appropriately.

All children who require a medical assessment should be assessed by a Paediatrician or a Medical Specialist with a special interest in paediatrics or a GP with significant experience in paediatrics and preferably brain injury.

Resources relevant to providing services to Children and Young People can be found on acc.co.nz/resources and typing TBI into the search function.

9.17. Notifying ACC of Client progress

The Supplier will keep in contact with the Recovery Team Member throughout the rehabilitation programme via email and telephone contact. Detailed clinical reporting is not purchased separately in this service.

The only reporting which is required to be sent to ACC includes:

- **ACC884 Client Summary form** - sent to ACC when the:
  - Rehabilitation plan has been agreed by the interdisciplinary team; and
  - Rehabilitation is complete; and/or Client is being discharged
- **Neuropsychological assessment screen - TBI23** (if conducted). A brief summary of this screen (including recommendations) must be shared with the IDT and ACC. The requirement to provide a useful summary report which includes recommendations must be balanced against the Client's capacity to undertake testing at this early post-injury stage when fatigue and headaches are presenting symptoms.

  Lengthy testing is not required. Clinical judgement must be applied.
- **Clinical notes** if requested by the ACC

9.18. Clinical notes and records kept by the interdisciplinary team

Client clinical notes written and held by Providers should meet or exceed the expectations of the professional bodies to which each Provider holds membership. That is, at a minimum, the clinical notes should be detailed, legible and contain all the information relevant to the Client's injury and rehabilitation e.g. the Client's status, rehabilitation needs, and all treatments provided to date.

9.19. ACC may request clinical notes

The Supplier must send ACC the Client's clinical notes in the following situations:

- The summary information provided in the ACC884 is insufficient
- The Client did not achieve the expected rehabilitation outcome. The Supplier must provide ACC with a copy of their full clinical notes with the ACC884. ACC will then use this information to support the on-going planning of the Client's rehabilitation
- When requested by ACC.

Suppliers will provide any clinical notes within 5 business days when requested.

9.20. If a detailed report is requested by ACC

If a more detailed report is requested by ACC, the Supplier may charge ACC for time spent preparing the writing this report using the MEDR code. This cost is outside of the Concussion Contract and should be discussed with the Recovery Team Member.

9.21. Sharing of Client Clinical Information

The Concussion Supplier may share clinical information with the Client's GP. Client consent should be obtained in these instances.

9.22. Referrals to Other Specialists for Assessment (TBI25)

The Supplier may refer the Client to clinical specialists outside of the interdisciplinary team, on approval from the Recovery Team Member, to obtain further advice on the Client's specific rehabilitation needs. This will be funded on a cost recovery basis using the TBI25 code within the maximum funding limit of the Concussion Service.

9.23. Links with Community Service Providers

Suppliers are encouraged to maintain links within the community and, where a need is identified, Clients may be referred to appropriate community service providers, e.g.:

- Alcohol and drug addiction counsellors
- Vocational counsellors
- Anger management services
- Driving assessment services
- Cultural advisors, or services for Māori and Pacific Islanders and other ethnic groups if appropriate, which may include interpreting services
- Consumer advocacy and support services

The costs for these services would usually be met outside of the Concussion Contract.

10. Service Administration

10.1. Service location

In-Person meetings with Clients should be held. While text and email are good communication tools for exchange of information, they lack the immediate feedback required for engaging the Client in their rehabilitation.

Clinic setting

Concussion Services should usually be provided in a clinic setting. This is because a clinic setting removes sources of distraction which may impair the Client's ability to engage in services. The same clinic should be used, whenever possible, rather than separate provider locations. This enables different professions in the IDT to get to know one another and work collaboratively as per the requirement for services to be delivered as an interdisciplinary team.

Situations where it may be appropriate to provide services in a community setting

Where it is agreed between the Client and the Provider, that the Client's needs are best met by services being provided in the community, appropriate community locations may include: the Client's home, workplace or other community setting.

Examples of situations where it may be appropriate to provide services in a community setting:

- The Client's injury - for example: where travel to a clinic would put the Client at risk or adversely affect their rehabilitation outcome
- Availability of IDT professionals
- Remote regions where districts are geographically dispersed
- At the Client's request

Rooms used should be in a quiet location so that the Client is not distracted when engaging in counselling, therapy and rehabilitation. The delivery of services in the Client's home is covered under the professional codes of practice and is not described in this document.

The Suppliers travel to and from the clinic and the running costs of the clinic is considered to be a business overhead and will not be separately funded by ACC.

TeleHealth

In exceptional circumstances, assessments and rehabilitation interventions may be delivered remotely via telehealth, where clinically appropriate. Services delivered by Telehealth must meet the requirements set out in the ACC8331 Telehealth guide. This can be found on the ACC website.

10.2. Maximum duration for delivery of service

The maximum duration for delivery of this Concussion Service is six months (from the date of the referral to the last treatment date). It is expected that Suppliers will work to ensure the Client achieves the service objectives within 16 weeks. Clients with more complex and longer-term service needs should have been triaged from the service.

ACC will monitor Client duration based on the length of time between the first date of service to the last date of services invoiced. Service duration will be discussed regularly as part of the dialogue between Supplier and Recovery Team Member.

10.3. Timeframes

The Service adapts to the needs of the Client so there may be situations where the timeframes outlined in the service specification are not appropriate. The Supplier is responsible for ensuring that timeframes are discussed and agreed ACC

Section 8 of the ACC884 should record a brief description of the Client, their recovery needs and rehabilitation plan. Alternatively, a separate rehabilitation plan can be included. The plan should outline expected timeframes for reviews and outcomes such as return to work etc.

Table 8 – Completing ACC884 setting out services and hours required

Service Item	Hours	Variations
TBI21– Education & Assessment	3	No purchase order is required for these Service Items (*). Costs should not exceed the caps and must meet the following requirements: • Multi-disciplinary services are required (single discipline needs are met under other contracts) • Rehabilitation plan fully explains the need for services, goals and expected outcomes and timeframes • Services do not exceed the maximum funding of $3,914.49 for the total service cost
TBI22 – Allied Health Assessment	2	
TBI23 – Neuropsychological Screen	5	
TBI13 – Neuropsychological Case Review	Fee	
TBI30 – Medical Assessment	Fee	
TBI14 – Medical Specialist Case Review	Fee	
TBI25 – Other Specialists (*) **Purchase order required**	At cost	
TBI26 – Allied Health or Nursing therapy	8	
TBI27 – Psychological Consultation	5	
TBI28 – Medical Consultation	2	
TBI29 or TBI32 – Key worker/coordinator	4	

10.4. Service time

The scheduled service time will be appropriate to clinical need and best practice and will only be as long as required. If the time with the Client is less than required the Supplier should fill in the time up to the scheduled time with Client-related activities such as updating Client notes, phone calls etc.

10.5. Maximum funding limit

The Service has a maximum funding limit of $3,914.49, excluding GST, travel costs and the single payment for non-attendance by the Client (Did-Not-Attend fee).

Treatment within the Concussion Service to must be:

- Recommended on the ACC884 Concussion Service Client Summary form
- Provided within the maximum funding limit of $3,914.49(GST exclusive).

The Supplier is responsible for ensuring that the maximum funding limit is not exceeded. Should the Supplier exceed the maximum funding limit, ACC may choose to recover the overpayment.

10.6. Completing or extending the service

After the investigation and planning the ACC884 Concussion Service Client Summary form must be sent to ACC

- Within two business days - when further treatment service needs are recommended.
- Within five business days - when all services are complete, no further services are required and the Client is exiting the Concussion Service.

  The five-day requirement recognises that the Client is no longer in need of services and therefore, while a timely response is required, there is no urgency.

10.7. Other ACC services

The Supplier may recommend that the Client receive other ACC services both during and after this service when they believe it will improve the Client's recovery.

- During – Vocational Rehabilitation Services, Home and Community Support Services
- After – Neuropsychology Service, Psychology Services, Clinical Services, Training for Independence Services (TI), Pain Management Services.

The Recovery Team Member is responsible for reviewing the recommendations and deciding if the Client is entitled to the services recommended. Where a recommendation has been made for a client to exit the Concussion Service and be referred to a TI service, the

Supplier should make every effort to ensure this is a smooth transition by: notifying ACC as early as possible and provide support to the Client until the TI service is underway by keeping in regular contact and keeping the Client informed of timeframes.

Where delays are impacting on the Client's recovery, please raise the issue with ACC using the escalation process.

Where a recommendation has been made for the client to undertake Vocational Rehabilitation, the Concussion Service Supplier should take the lead in determining when the Client is clinically ready to participate in Vocational Rehabilitation.

If the Client requires Clinical Psychology Services to monitor psychological progress, a referral under Psychology Services should be made rather than a referral to a Training for Independence programme. This is because a referral under the Clinical Psychology contract will ensure adequate reporting of presenting symptoms, relationship to injury, background history of any mental health/substance abuse, treatment plan and response to therapy.

10.8. Client non-attendance

Clients who keep their appointments generally take less time to recover and achieve better recovery outcomes than those who do not. ACC will pay one non-attendance (DNA) fee per Client, no matter how many times they failed to attend an appointment. The service item code for non-attendance is TBIDNA.

One single DNA fee is available per service. The Supplier should:

- Send ACC an ACC885 Concussion Service - Did Not Attend report within one business day of the missed appointment and explains why the Client did not attend, and
- Have made all reasonable efforts to remind the Client of the appointment, such as an appointment card, a reminder letter, a phone call the day before and finally a text message on the day to the Client's and a contact person's mobile phone.

10.9. Invoicing the Client for non-attendance

ACC plays no part in scheduling appointments. After the first incidence of non-attendance where ACC has already paid a non-attendance fee, the Supplier may choose to invoice the Client directly where the Client continues to not attend appointments.

The Supplier should alert the Client and their supporting family and whānau both verbally and in writing at the start of the service about the possibility of being charged for non-attendance. ACC expects that the Supplier will:

- Not charge more than the agreed ACC fee that would have been payable
- Take into consideration the Client's financial situation.

10.10. Service exit due to non-attendance

The Supplier must notify ACC on each occasion of non-attendance. If the DNA fee is not being paid, notification can be by phone or email. If Clients repeatedly do not attend appointments, they can be exited from the service. This may result in ACC reviewing all services and entitlements the Client is in receipt of, including weekly compensation payments.

10.11. Client exit

- A Client exits the service when they have achieved the identified outcomes that enable them to return to work or school, and/or normal daily living.
- The Client is considered to be discharged six weeks after the last date of service provision.

Note:
If the Client has not achieved these outcomes within the specified timeframe the Supplier must make a full comment on the ACC884 Concussion Service Client Summary form and record whether this is for non-compliance or a non-injury related factor, e.g. mental health issues. Where mental health issues are identified, Clients should be referred to public services. In cases where a Client already has a mental health case worker, or is being managed via their GP, the Supplier should work closely with the mental health provider.

10.12. Post-service Client support

Ongoing support will be provided to the Client throughout the rehabilitation programme and the Supplier will act as a point of contact for the six months from the date the referral was received. The Supplier will contact ACC and refer the Client to their ACC Recovery Team Member if the Client reports new symptoms.

If the Client requires treatment or support for mental health issues, the Client should be referred to the relevant community mental health or counselling/support services.

10.13. Exclusions

The following services are not included in the Service:

- Inpatient services for TBI
- Elective surgical treatment arising out of any initial assessment
- Social rehabilitation assessments
- Vocational rehabilitation services
- Radiological and other clinical investigations, for example:
    - computerised tomography (CT)

- magnetic resonance imaging (MRI)
- electro-encephalogram (EEG)

- Sleep studies.

11. Invoicing ACC

11.1. Reimbursement of costs when requesting a copy of Client Clinical Notes

Electronic documents are preferred for privacy reasons. If mailed, ACC will reimburse the Supplier at ACC's standard photocopying rates

Where a Supplier obtains up to five years of GP Client notes and is invoiced by the GP they can be reimbursed by invoicing ACC using the service item code COPY up to a $30 @ $1 per page or request a purchase order from ACC.

Where the Supplier is a public hospital and reviews up to five years of hospital notes they cannot bill ACC as they have not incurred a cost, unless a copy of those notes is requested by ACC as which point ACC will pay the normal changes.

Where the Supplier is not a public hospital and they obtain up to 5 years of public hospital notes and are billed by the hospital they can be reimbursed by ACC billing COPY up to a $30 @ $1 per page

Where a Supplier obtains Client notes but is not billed then the Supplier cannot be reimbursed.

Supplier	Service code	Service description	Fee (GST excl)
Te Whatu Ora (Health NZ) hospital	DHBC	Photocopying of medical notes. Paid per page and includes all administration time to process the request	DHB providers refer to the existing price schedule.
Non-hospital	COPY	Used when requesting photocopies of notes that do not need reviewing and editing by a GP or specified treatment provider (no purchase order is required for COPY) Includes admin tasks, such as searching, reviewing and collating	$1.00 per page (min $5.00, max $30.00) • Minimum charge of 5 pages • Maximum of 30 pages

11.2. Invoicing for services

The invoice should present the time in hours and minutes. Each separate service should be listed by service date. See example below:

Information	Example
Client name	John Smith
Client number	123456789
Purchase order number	1234567
Service date	DD/MM/YY
Service code	**TBI21**
Time/ Quantity	1 hour 15 mins
Amount claimed	$182.65 (GST Excl)
Service date	DD/MM/YY
Service code	**TBI22**
Time/ Quantity	30 mins
Amount claimed	$73.06 (GST Excl)
Total amount of invoice	**$255.71**

Minutes	%
5	8.3
10	16.7
15	25.0
20	33.3
25	41.7
30	50.0
35	58.3
40	66.7
45	75.0
50	83.3
55	91.7
60	100.0

Divide the hourly rate with the appropriate percentage to calculate the portion of the hourly rate.

1 hour	$146.12
15 mins = 25%	$ 36.53
Total	$182.65

11.3. Travel costs

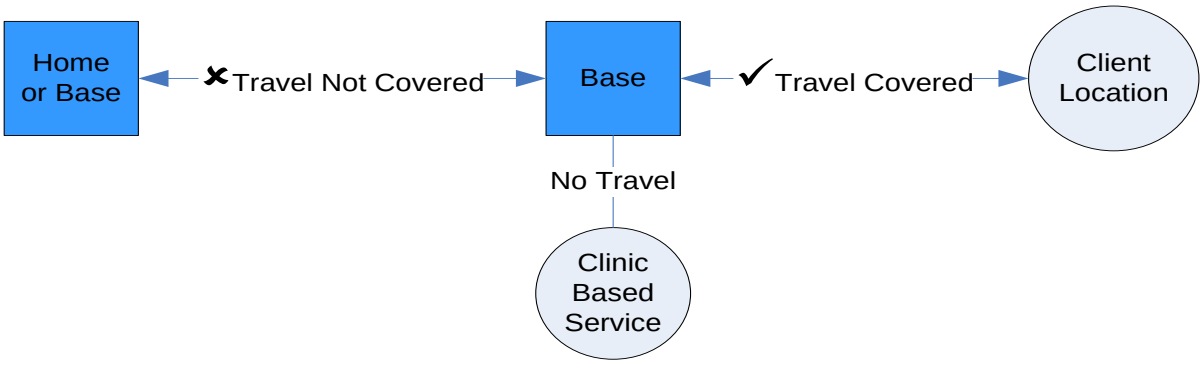
ACC does not pay the following transport costs:

- Transporting the Client to and from the clinic
- Transport from the Supplier's place of residence to the base of operation
- Transport from the base of operation to another base of operation

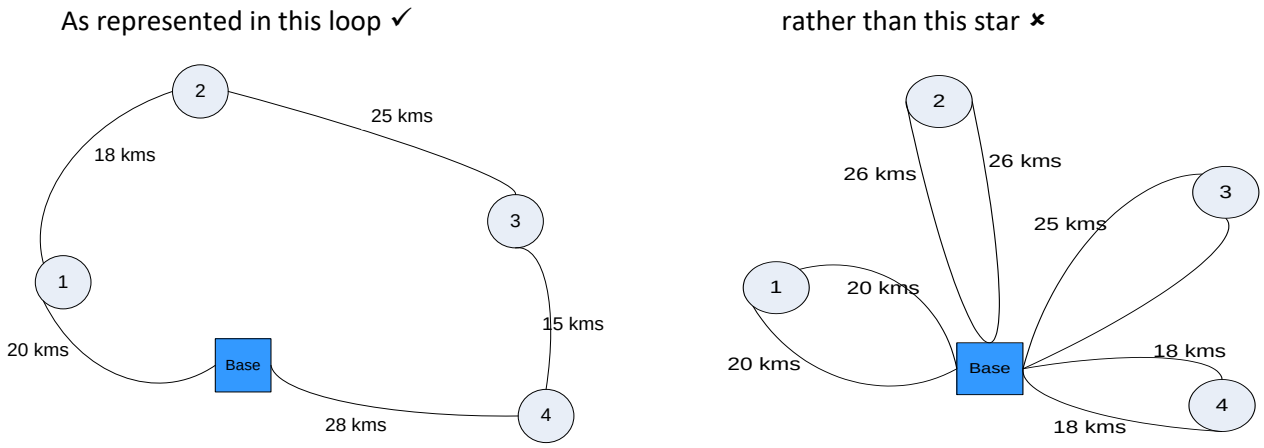
Invoicing Travel distance (TBITD10)

If the services are provided in a place other than the Supplier's facility and the Supplier needs to travel to the Client, travel should be managed to maximise coverage and service time and minimise the distance travelled.

Appointments will be arranged to ensure the shortest distance between Clients, thereby minimising the time and distance travelled. The Supplier cannot claim travel time or distance when a Supplier travels from one base of operation to another or from their private residence to the base of operation.



ACC expects that Suppliers and their staff work to minimise travel costs. Travel from a base of operation should be for services to a number of Clients. *These diagrams are best viewed online.*



In the case of the loop the Supplier would recognise a single incidence of 20km, whereas the

star would recognise four incidences of 20km.

In many instances Clients may not all be ACC Clients. Allocation of travel costs between the ACC and non-ACC Clients should be done in a fair and reasonable way that is reflective of the true costs to the service purchasers/funders. This example assumes one of the Clients is not being funded by ACC.

✓	Total Travel (km)	Return Travel (km)	Tot. Incl Return Travel (km)	ACC Clients (km)	Less 20 km deduction	Invoiced
Client 1 – Other	20	7	27			
Client 2 – ACC	18	7	25	25	7	18
Client 3 – ACC	25	7	32	32	7	25
Client 4 – ACC	15	7	22	22	6	16
Return Travel	28		-			
Total km	**106**	**28**	**106**	**79**	**20**	**59**

✘	Total Travel (km)	Return Travel (km)	Total Travel	ACC Clients (km)	Less 20 km deduction	Invoiced to ACC
Client 1 – Other	20	20	40			
Client 2 – ACC	26	26	52	52	20	32
Client 3 – ACC	25	25	50	50	20	30
Client 4 – ACC	18	18	36	36	20	16
Total	**89**	**89**	**178**	**138**	**60**	**78**

Invoicing Travel time (TBITT5, TBITT1)

To maximise the use of the Supplier's time, all attempts should be made to book the maximum number of Clients throughout the day of travel, and thereby minimise the amount of time spent travelling to Clients.

Road Travel Guidelines for Suppliers

ACC's Travel Guidelines may be downloaded from acc.co.nz: Supplier Road Travel Guidelines

12. Quality Services

12.1. Qualifications, Experience and Supervision Requirements for Service Providers

All members of the IDT must meet the qualifications, experience and supervision requirements as set out below. This means that the qualifications and experience and training and supervision requirements (as set out in the table below) are met for all members of the IDT. The Supplier will notify ACC immediately regarding any changes in their ability to provide services.

Table 9 – Qualification criteria of the members of the Interdisciplinary Team:

Medical Specialist	**Qualifications** Current vocational registration in, and practising within, any of the following recognised branches of medicine: • Internal Medicine • Neurology • Neurosurgery • Occupational Medicine • Paediatrics • Psychological Medicine or Psychiatry • Rehabilitation Medicine • Sports and Exercise Physician **Experience** • A minimum of two years' experience in acquired or traumatic brain injury *Medical Specialists and Sports and Exercise Medicine Physicians must already have the expertise for this tertiary level service at commencement – it is not appropriate to be engaged under this contract until the two years' experience has been completed.* **Supervision** The Supervisor must be a suitably qualified health professional with a minimum of five years' experience in acquired or TBI.
General Practitioner	**Qualifications** The relevant experience may include but is not limited to: • A fellowship in NZ GP College or an equivalent; and • Post Graduate Diploma in Rehabilitation (preferably including Neurological Rehabilitation paper); or • Diploma in Occupational Medicine **Experience** *TBI30 - Assessments (*only when approved by ACC under exceptional circumstances) • A vocational interest in brain injury and with a minimum of five years' experience in the treatment of traumatic or acquired brain injury • TBI28 – Consultation • A vocational interest in brain injury and with a minimum of two years' experience in the treatment of traumatic or acquired brain injury.

Neuro-psychologist	The Neuropsychologist must meet the following minimum requirements: **Qualifications** • Current annual practising certificate with NZ Psychologist Board – with either of the following scopes of practice: Clinical Psychologist or Neuropsychologist; and • Be a current member of at least one of the following: - NZ Psychological Society, - NZ College of Clinical Psychologists, or - an international neuropsychological professional body acceptable to ACC; and • Have successfully completed a university-based graduate or postgraduate course or papers in neuropsychology (transcript required) **Experience and competencies** • Demonstrate a minimum of 24 months' full time equivalent post-graduate recent experience in supervised neuropsychological assessments and rehabilitation; and • Demonstrate knowledge of and competency to use and interpret neuropsychological tests and have appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment; and • Demonstrate understanding of Hauora competencies under HPCA Act • Provide evidence of attendance at courses, conferences, training, or study on an annual basis; and • Has notified ACC of any areas of specialisation such as children, adolescents, specific cultural knowledge and skills (such as a second language). **Supervision requirements for Neuropsychologists** • All named services providers must have arrangements in place for ongoing supervision with a supervisor who is appropriately qualified and experienced; and • The supervisor must be able to demonstrate knowledge of, and competency to use and interpret neuropsychological tests and have an appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment. • The supervisor must be able to demonstrate a minimum of 48 months' full-time equivalent post qualification experience in supervised clinical practice which includes an equivalent of at least 24 months' full-time experience in neuropsychological assessments and rehabilitation.
	ACC requires neuropsychologists to have the 'Clinical' scope of practice. Therefore someone with the 'Educational' scope of practice would not meet the criteria for doing the neuropsychological screens (TBI23) on Concussion Services. *ACC considers that it is important that neuropsychology assessors have beentrained in and have a qualification in clinical psychology as our neuropsychology screens and assessments often require clinical formulation and diagnosis. An in-depth knowledge of clinical psychology and neuropsychology is required for differential diagnoses of depression, anxiety, PTSD and cognitive problems caused by conditions such as TBI.* *Neuropsychology assessors must also be able to provide comprehensive treatment plans which not only include cognitive remediation and compensatory strategies but also to incorporate into the plan strategies for the management of mental health conditions such as depression, anxiety, PTSD etc.*

Provisional Neuro-psychologist Requirements	If a clinical psychologist or neuropsychologist has completed the training requirements to be a neuropsychologist (qualifications as determined in the above section) but does not yet have sufficient experience (24 months full-time equivalent experience) to be approved in full, that person can provide services as a provisional service provider, until the required amount of experience has been gained. A Provisional Service Provider may provide services under one Supplier only. A provisional service provider must demonstrate understanding of Hauora competencies under HPCA Act **Supervision Requirements for Provisional Neuropsychologists** The supervisor of a provisional service provider must check and co-sign each neuropsychological report completed by the provisional service provider. The supervisor has the responsibility to ensure that the standard of each assessment provided is at least equivalent to that of a qualified clinical psychologist specialised in neuropsychology, or a qualified neuropsychologist. When the supervisee is applying for provisional status, the supervisor also needs to agree to the following conditions in a letter of support. The provisional service provider must meet and maintain the following criteria: • Have 1 in 5 assessments undertaken directly observed by the supervisor to ensure correct and competent test administration skills; • Be working under the direct supervisory authority of a neuropsychologist who meets the criteria listed in the above section (neuropsychologist). • Discuss all cases with the supervisor prior to the assessment, whether or not the supervisor observes the assessment; • Engage in fortnightly one on one supervision with the supervisor; • Maintain a supervision log that outlines the cases discussed and provides a summary of issues and recommendations for each case; • Have each assessment report completed read and co-signed by the supervisor; and • Engage in at least one neuropsychology-specific workshop/conference/course annually. • A final supervision report from the supervisor will be required by ACC once the criteria to work as a Named Service Provider have been met. This supervision report and supervision log should be received by ACC within 36 months of approval of provisional status.
Clinical Psychologist or Psychologist	**Qualifications** • Current annual practicing certificate with the NZ Psychologist Board – with either of the following scopes of practice: Clinical Psychologist or Psychologist; and • Has a qualification that meets at least level 8 (postgraduate) of an NZQA recognised course of study, which includes in its content: assessment, classification, and formulation; abnormal psychology; skills in two or more models of therapeutic intervention; human development and knowledge and skills in the use of psychometric tools (if using psychometrics). • Holds current membership with at least one of the following: - NZ Psychological Society, - NZ College of Clinical Psychologists, or - An International neuropsychological/psychological professional body acceptable to ACC; and • Non-Clinical Psychologists must provide an academic transcript to confirm their course of study meets the above criteria. **Experience and competencies** • Has a minimum of one-year full-time postgraduate experience working in mental

	health (not including clinical placements and internships); • Can demonstrate experience in working with Clients who have mental health difficulties associated with physical injuries, with this experience having been obtained or maintained in the last 5 years; • Where applicable, is able to demonstrate knowledge of, and competency in using at least one of the following classification systems – Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM- IV- TR) or Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM – 5), International Classification of Diseases – 10th Revision (ICD- 10), Psychodynamic Diagnostic Manual (PDM), Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood – Revised (DC:0- 3R); • Has notified ACC of any areas of specialisation such as children, adolescents, specific cultural knowledge and skills (such as a second language) • Demonstrate understanding of Hauora competencies under HPCA Act. **Brain Injury Experience** • Evidence of a minimum of one years' recent experience in acquired or traumatic brain injury. • Training in brain injury, along with additional supervision, until the provider has gained two years' recent experience. **Supervision requirements for Clinical Psychologist or Psychologist** • The Supplier will ensure that all Service Providers will have a supervisory agreement in place with a professional peer who is appropriate for the services being provided, and the Supplier will supply ACC with the contact details and qualifications of all Service Providers' supervisors.
	Membership to any of the Psychologist's Board's scope of practice and evidence that the requirements outlined in the Service Specification have been met is required for Psychologists providing Psychological consultations under TBI27. Therefore, someone in the 'Educational' scope of practice may meet the criteria for TBI27.
Provisional Service Provider Requirements for Clinical Psychologist or Psychologist	If a named service provider does not have the full experience requirements specified in the above section (Clinical Psychologist or Psychologist) the supplier may apply for them to be approved as a Provisional Service Provider if they meet the following criteria: **The supplier must ensure that the Provisional Clinical Psychologist or Psychologist:** • Has attained the qualifications outlined in the above section (Clinical Psychologist or Psychologist); and • Demonstrates understanding of Hauora competencies under HPCA Act 2003; and • Engages in further professional development with specific relevance to working with psychological problems and following a physical injury where recent professional development is not thought to be sufficient. The Supplier must provide ACC with a summary letter or other document outlining how the above requirements will be met over the provisional period. The Supplier must provide details of on the job training to gain or update the Service

	Provider's experience working directly with Clients who have developed psychological problems following physical injury. **Additional Supervision Requirements for Provisional Clinical Psychologist and Psychologist** All Provisional Service Providers must meet the following supervision requirements and an agreement with the supervisor is to be provided to ACC confirming that they will adhere to the below requirements: • Have an arrangement in place for ongoing supervision with an appropriately qualified and experienced supervisor who has experience treating and assessing Clients with psychological problems following physical injury and traumatic incidents, including experience in ACC mental injury assessments; • Discussion of all cases with the supervisor prior to and following the assessment; • Engagement in fortnightly one-on-one supervision with the supervisor; • Maintenance of a supervision log that outlines the cases discussed and provides a summary of issues and recommendations for each case; • Have each Assessment Report and each Treatment report read and co-signed by the supervisor; A final supervision report from the supervisor, supervision log will be required by ACC once the criteria to work as a Named Service Provider is considered to have been met. This supervision report and supervision log should be received by ACC within 36 months of approval of provisional status.
***Supervisor Qualifications and Experience for Neuro-psychologists, Clinical Psychologists and Psychologists (including applications for provisional status)**	**The Supplier needs to provide to ACC:** A letter detailing the following: • Supervisor's name and supervisee's name; • Evidence that the supervisor is registered and holds a current annual practicing certificate with the New Zealand Psychologists Board and holds an appropriate scope of practice for the services being provided. (The supplier will supply ACC with the contract details and qualifications of all service providers and provisional service providers' supervisors) • Holds current membership with at least one of the following: - NZ Psychological Society; - NZ College of Clinical Psychologists, or - An International neuropsychological/psychological professional body acceptable to ACC; and • Supervisor's length of experience - minimum of 48 months' full time or full-time equivalent post qualification experience in supervised clinical practice; - Supervisors for neuropsychologists and provisional neuropsychologists must have at least 24 months full time equivalent conducting neuropsychological assessments and rehabilitation • Confirmation that the Supervisor's experience includes a minimum of two years' recent experience in acquired or traumatic brain injury • Frequency of supervision which will be delivered to the supervisee.
Allied Health	**Qualifications** • Current registration with their relevant professional body and current Annual Practicing Certificate. **Experience** • Minimum of two years' experience in acquired or traumatic brain injury; or • Training in brain injury along with supervision until the provider has gained two years' experience

	Supervision • The Supervisor must be a suitably qualified health professional with a minimum of five years' experience in acquired or traumatic brain injury.
Specialists with other Scopes of Practice	**Qualifications** • Current registration with relevant professional body • Annual Practicing Certificate where appropriate **Experience** • A minimum of two years' experience in acquired or traumatic brain injury; or • Training in brain injury along with supervision until the provider has gained two years' experience
Key Worker/Co-ordinator	The Key Worker/Co-ordinator role can be fulfilled by any professional who has a minimum of two years' experience in a health environment providing similar support services.

12.2. Approval of Service Providers

Suppliers are responsible for ensuring that all members of the Interdisciplinary team meet ACC's qualifications, experience and supervision criteria.

Suppliers will maintain records showing that all the qualifications, experience, supervision and training for all members of the interdisciplinary team. From time to time, ACC may request verification that a service provider meets the required criteria.

12.3. ACC Approval required for the following Service Providers:

The following service Providers must also be individually approved by ACC:

- Medical Specialists, including interns
- GPs, including Medical Registrars (completing TBI30* assessments and TBI28 consultations) (*exceptional circumstances apply and approval is on a case-by-case basis)
- Neuropsychologists, including *provisional Neuropsychologists and interns

(*Provisional Neuropsychologists may be approved to work for only one Supplier at any one time. This is due to the requirements for regular supervision of Provisional Neuropsychologists and the requirement for consistent observation of their assessments. In addition, Provisional Neuropsychologists need time to learn and develop and implement their skills as they are still in a training phase.

- Psychologists, including provisional Psychologists and interns

  The Supplier is required to send ACC the following documentation for these Professionals, showing that they meet all the requirements:

- Current Annual Practicing Certificate
- Membership of relevant body
- Curriculum vitae (or other evidence) which shows experience
- Supervision arrangements (Neuropsychologists, Psychologists, including provisional)
- Evidence that Medical Registrar is working under the direct supervision of a Medical Specialist (Medical Registrars)

The Medical Specialist and GP provider application form can be downloaded from acc.co.nz:

CSS Provider Application form GP and Medical Specialist

The Application form seeking approval for Neuropsychologists and Psychologists can be downloaded from acc.co.nz:

Application form Neuropsychologists and Psychologists

The documentation should be sent to: Health.procurement@acc.co.nz

ACC will review the documentation and will advise the Supplier within seven days via email, whether the applicant meets the criteria to provide services under the Concussion Service.

12.4. Qualified Trainees

Where the trainee is qualified in their chosen profession but does not have the required brain injury experience to operate independently they can gain that experience by:

- Participating in learning opportunities provided by the experienced Supplier that includes
    - an introduction to the operation of the Service
    - case studies of Clients with mild and moderate TBI
    - key readings about the impact, rehabilitation and recovery of traumatic brain injury
- Undertaking extra study about traumatic brain injury considered appropriate by their clinical supervisor
- Providing professional services under the supervision of a fully qualified Supplier who reviews their work within a collegial relationship and who is competent to train and supervise others.

Their work can be invoiced as appropriate within the Service.

12.5. Allied Health Trainee health professionals

Where the trainee is unqualified and in a formal university training programme the Supplier can provide clinical experience opportunities where they consider appropriate.

Suppliers may host trainees on placement when:

- The trainee is an Allied Health Student

- The trainee is under the direct supervision of a fully qualified Service Provider who meets the qualifications, experience and supervision criteria of this contract.

With consent of the client, the trainee may sit in and observe service delivery of Concussion Services to Clients. The trainee may undertake some basic duties under supervision when directed to do so by a fully qualified Service Provider. The Supplier remains responsible for arranging the trainee's engagement and interactions with Clients to ensure Client safety and ensuring provision of quality services. The trainee's time cannot be invoiced for.

12.6. Psychology Student/Interns

Second Year Clinical Psychology Students/Interns may work under the Concussion contract when they are on placement from their University if they meet the supervision and induction criteria as set out on ACC's external website.

Approval must be obtained from ACC for each individual student/intern.

12.7. Medical Registrars

Medical Registrars working under the direct supervision of a medical specialist may provide services under this contract on approval from ACC.

13. Supplier and Service Performance

Supplier performance targets are aligned with the Service Objectives and Service Requirements as set out in the Service Schedule. The key measure of success of this service is that the majority of Clients will recover and meet their agreed rehabilitation outcomes such as returning to school, work and their everyday lives.

ACC recognises that some Clients may not experience a full recovery or achieve all their rehabilitation goals but this does not necessarily mean that the Supplier has failed in providing appropriate and quality services to the Client.

13.1. Supplier Performance Measures

Supplier's performance will be measured on:

- Client Outcomes and Client Outcome Measurement
- Timeliness of Service Delivery
- Any other information ACC considers relevant.

Suppliers will keep adequate documentation which will be made available to ACC for the purposes of Supplier performance monitoring. Documentation will include client clinical notes, interdisciplinary team meeting notes, records of staff qualifications, and evidence of compliance with the Supplier's health and safety procedure and cultural responsiveness policies.

Table 10 - Supplier performance measures

Performance Measure	Description	Target	Frequency of reporting
Client Outcome Measurement	Clients who enter Treatment and Rehabilitation Services (Stage 2) complete an outcome measure tool on completion of the service. This can be a measure such as the Brain Injury Screening Tool (BIST) or other suitable tools.	≥70% of clients in Stage 2 complete an outcome measure	6 monthly
Timeliness	The ACC884 is submitted to ACC within ten business days of referral acceptance	≥90%	6 monthly
Client Outcomes	Proportion of clients who enter Treatment and Rehabilitation Service (Stage 2) from Assessment and Triage Services (Stage 1).	≤65%	6 monthly (ACC data)

14. Health and Safety

The supplier will ensure that a risk management plan is in place to management any identified risks that face the Suppliers and Clients.

Health and Safety training is given to all Providers including all members of the interdisciplinary team to ensure that they are able to carry out their roles safely.

All health, safety and security risks or incidents must be reported in writing using the procedure on our website.

14.1. Working with Clients who may pose a health and safety risk

ACC may not always have access to detailed information concerning a Client's history, but if a Client has been identified as posing a risk, the Recovery Team Member will be able to provide information to help you mitigate health and safety risks.

Clients who meet two or more of the following criteria are considered to pose a potential risk to safety, and will have a Care Indicator activated by ACC:

- Have continued to demonstrate intimidating and/or offensive behaviour (e.g. body language and verbal dialogue has made employees feel unsafe)
- Been abusive, verbally or in writing

- Made racist or sexist comments
- The current actions being undertaken on their claim by ACC are known to have caused, or are expected to cause a significantly negative response from the client. For example, Prosecution, Fraud Investigation, cessation of Weekly Compensation, etc.

Clients who meet any one of the following more serious criteria will also have a Care Indicator activated:

- Have been or are physically violent (this unacceptable behaviour may not have occurred directly towards ACC employees)
- Have a history of violence or aggressive behaviour, have known convictions for violence
- Made threats previously against ACC, ACC employees or agents acting on ACC's behalf
- Intimidated an employee through written abuse or verbal abuse (face-to-face or over the telephone) to the extent they felt unsafe
- Exhibited homicidal ideation.

14.2. Communication regarding care indicated Clients

The Recovery Team Member of a care indicated Client will advise you in writing, either:

- Prior to your initial contact with the Client, or
- If you are already providing services to the Client, as soon as possible when ACC receives new information about client risk.
- Please report any threatening behaviour to the police immediately if you feel that it is warranted in the circumstances and advise ACC and any other parties that are at risk as soon as possible.

All threats by Clients or their representatives must be reported to ACC in writing using the online form on our website. We ask that you report these to us so that we can do our part to protect the safety of our staff and other Suppliers working with the client.

14.3. Stopping an assessment

Your safety is the highest priority and any assessment should be terminated if the Client, or their representatives cause you to feel threatened or unsafe.

Notify the ACC as soon as possible and fully document the reasons for the termination of the assessment in your report.

14.4. Reporting health and safety risks and incidents

Health and safety risks and incidents including notifiable events (as defined by WorkSafe); threats and other health and safety risks must be reported to ACC using the procedure and online form on our website https://www.acc.co.nz/for-providers/report-health-safety-incidents.

15. Resolving issues (escalation process)

Suppliers should contact the Recovery Team Member in the first instance if there are any concerns or matters requiring clarification. Examples could include:

- Poor or inadequate information in the referral
- You require verbal instructions to be put into writing
- You need a change to a purchase order (e.g. more time, more services, date change)
- Prior approval is required
- Clarification of requirements, or expectations have changed
- Issues between Suppliers e.g. where a client is engaging in Concussion Services in addition to other services and the Client is being offered inconsistent information about their TBI.

When a Supplier raises an issue which is not able to be resolved directly with the Recovery Team Member, the issue should be escalated to a Team Manager. If the issue is still not able to be resolved, the Supplier should escalate the issue to their local ACC Engagement and Performance Manager.

Any issues which have the potential to be high risk, or involve risk or adverse event to a client, or a risk to ACC's reputation, e.g.:

- Privacy breach
- Personal or client harm or safety issue
- Contract breach
- Media risk

The Supplier must tell ACC immediately. Please contact the:

- Engagement and Performance Manager
- Provider Helpline on 0800 222 070

It is important to make contact and not just leave a message. For issues not able to be resolved using the process outlined above please refer to ACC's website www.acc.co.nz/resolving issues together and check the standard terms and conditions.

16. APPENDICES

Appendix 1: Six Monthly Supplier Reporting Requirements

The Supplier is required to submit a six-monthly report to ACC. This should be submitted as follows:

- For 1 July – 31 December; within 15 business days after the end of the reporting period
- For 1 January – 30 June; within 10 business days after the end of the reporting period.

Information	Frequency	Via
<u>Supplier Six-monthly Report</u> Six-monthly report on Concussion Services. This will include: • The total number of referrals received in the reporting period and the source of those referrals from either: - Medical or Nurse Practitioner (primary care) - Te Whatu Ora Hospital - ACC • Median time from referral acceptance to ACC884 submission to ACC • Outcome measure results • The above measures will be completed for the general population and specifically for Māori. • Detail on continuing Service improvement undertaken in the past 6 months.	Six-Monthly	Supplier to ACC